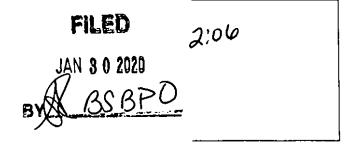
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State of Rhode Island and Providence Plantations Department of State - Business Services Division	HE CEIVED JEORETARY OP STA ON CORPORT TIONS AN			
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Articles of Organization DOMESTIC Limited Liability Company				
→ Filing Fee: \$150.00				
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	nization are adopted for			
1. The name of the limited liability company is:				
Raposa Building Systems. LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Tracy Famulari				
Street Address <u>NOT</u> a P.O. Box) 53 UNCOLO DR				
City/Town JOHNSTON	State RHODE ISLAND	Zip Code		
3. Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as (CHECK ONE BOX):				
partnership or				
a corporation or				
disregarded as an entity separate from its member(s)				
4. The address of the principal office of the limited liability company.	if it is determined at the time	e of organization:		
Street Address Same	·			
City/Town	State	Zip Code		
5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.				

MAIL TO: Division of Business Services 148 W River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



<ol> <li>Additional provisions, if any, not ir of Organization, including, but not lir company is formed, and any other p</li> </ol>	mited to, any limitation of	the purpose(s) or duration for	which the limited liability	
		Check this b	ox to indicate attachment 🗌	
7. The Limited Liability Company is	to be managed by:			
You MUST check one box: Its member(s) (If you have che	cked this box, skip to Se	ction 8. Do not fill out the char	t below.)	
<ul> <li>One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)</li> </ul>				
MANAGER A	DDRESS	· · · · · · · · · · · · · · · · · · ·		
		·	· ·	
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY				
Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
Onder penalty of perjury, I declare a accompanying attachments, and the			zation, including any	
Name of Authorized Person Address				
Tracy Famula	ri E	53 Lincoln	DR	
City/Town		State	Zıp Code	
Johnston		RI	02919	
Signature of Authorized Person		<u></u>	Date	
Fracy tam	ulan		1/30/2020	

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

January 30, 2020 02:06 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

